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FY 2005				
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4848)				
			Docket Number (Optional): 566.39530X00	
Application Number: 09/761,742			Filed: January 8, 2001	
For: SECURITY MANAGEMENT SYSTEM AND SECURITY MANAGING METHOD				
Art Unit: 2131			Examiner: S. Zia	
This is a request unde application.	er the provisions of 37 CFR 1.136(a) to extend	the period for	r filing a reply in the a	above identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
Fee		Small Entity Fee		
⊠ One mon	th (37 CFR 1.17(a)(1))	120	\$60	\$ <u>120.00</u>
Two mon	ths (37 CFR 1.17(a)(2))	450	\$225	\$
Three months (37 CFR 1.17(a)(3))		31020	\$510	\$
Four months (37 CFR 1.17(a)(4))		1590	\$795	\$
Five months (37 CFR 1.17(a)(5))		2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account				
Number 50-1417. I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration Number 29,621				
attorney or agent under 37 CFR 1.34.				
Registration number if acting under 37 CFR 1.34				
Name (Print/Type)	Carl I. Brundidge		No. (Attorney/Agent)	29,621
Signature			ıgust 29, 2005	Telephone Number: 703) 684-1120
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of				
amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.				

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